



# New Member Form

1795 Johnson Ferry Road  
 Marietta, GA 30062  
 770.977.7473  
 www.peterandpaul.org

We welcome you to join this parish by Baptism or transfer from another Christian church. Please let us know more about you so that we can welcome you personally and support you in your life in Christ. Please complete both sides of this form for our parish records: (Please Print Legibly)

Our Mission is Growing Disciples of Jesus Christ, and we live into this mission as we worship God each week, grow as disciples in prayer and study and in serving Christ in the world. Please join us in ministry and support this mission with your time and talent and financial support (see the back side of this form). If you have any questions, please contact the parish office so that we can welcome you personally.

Household Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Former Church & Location \_\_\_\_\_

Last Name _____	First Name _____	Middle Name _____	Goes By _____
Cell Phone _____	E-mail _____		
City/State Born _____	Date of Birth _____	Date Baptized _____	Anniversary Date _____
Church/City/State Baptized _____			
Confirmed/Received in the Episcopal Church? _____ Date Confirmed _____ Place Confirmed _____			

Married \_\_\_\_\_ Single \_\_\_\_\_ Spouse (if also becoming a member) \_\_\_\_\_

Last Name _____	First Name _____	Middle Name _____	Goes By _____
Cell Phone _____	E-mail _____		
City/State Born _____	Date of Birth _____	Date Baptized _____	Anniversary Date _____
Church/City/State Baptized _____			
Confirmed/Received in the Episcopal Church? _____ Date _____ Place _____			

**\*\*\* Please email a face photo of each person in your household to Greg Went at [gwent@peterandpaul.org](mailto:gwent@peterandpaul.org) \*\*\***

Please complete for all children or others who live in your household who are becoming active members of SPSP:

	Child	Child	Child	Child
Last Name (if different)				
First Name & Middle				
Goes by Name				
Gender				
Date of Birth				
Date of Baptism				
Place of Bapt (church, city, state)				
Confirmed/Received in the Episcopal Church?				
Date of Confirmation				
Place of Conf (church, city, state)				

# Pledge of Support for Our Mission

In response to God's many blessings, I pledge to support the mission and ministry of this church:

## Time & Talent:

Circle the ministries below in which you would like to participate:

### Regular Prayer & Worship

#### SERVICE

Children's Consignment Sale | Cool Girls | Family Promise | Five & Two Hunger Ministry  
Holy Comforter | There's Hope for the Hungry | Card Ministry

#### WORSHIP

Acolytes | Altar Guild | Flower Guild | Eucharistic Ministers (chalice, readers)  
Eucharistic Visitors | Media | Music | Ushers | Vergers

#### EDUCATION / CHRISTIAN FORMATION

Children | Youth | Adult

#### EVANGELISM

Inviting | Welcoming | Connecting (Hospitality, Greeters, Alpha, Foyers)

#### PASTORAL CARE

Intercessory Prayer | Stephen Ministry | Prayer Shawls | GriefShare | Eucharistic Visitors  
Card Ministry | Memorial Garden Angels | Side Altar Prayers | Visitation Ministry

#### MINISTRY SUPPORT

Stewardship | Finance | Buildings & Grounds | Brotherhood of St. Andrew

**We believe that God has a vision for us as a Christian Community,  
empowered by the Holy Spirit, active in  
Worship of God,  
Discipleship for all ages  
Serving Christ in the world.**

## 2024 Financial Support of our Mission:

\$ \_\_\_\_\_ Weekly ending December 31, 2024\*\*:

\$ \_\_\_\_\_ Monthly ending December 31, 2024\*\*:

Or as follows: \_\_\_\_\_ ; Total for 2024: \_\_\_\_\_

Wish to receive pledge envelopes? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This statement of intention may be revised should circumstances make it necessary.

\*\* Please note that pledges do not renew automatically and must be submitted for each calendar year.